

FILED NOV 7 1941 78

Registration District No. 477

Primary Registration District No. 200 S 2 St 2 Registrar's No. 89

9056
783
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Durham - Highland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 11 months / (Specify whether)

years, months or days

3. (a) PRINT FULL NAME James William Davis

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Maude A. Davis

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	7	hr. min.

9. Birthplace Nelsonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Will Ed Davis

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shumate

15. Birthplace Maude A. Miss O
(City, town, or county) (State or foreign country)

16. (a) Informant Nora McChristy

(b) Address Durham, Mo.

17. (a) Burial (b) Date thereof Oct. 6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durham Cemetery

18. (a) Signature of funeral director Thomas Bacl

(b) Address Evans Missouri

19. (a) 10-7-41 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Durham
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 288 1/2
_____ 1941 to Oct 5th 1941
that I last saw him alive on Oct 5th 10 AM 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>acute regurgitation</u>	
Due to <u>Cardio-Renal disease</u>	
Due to <u>BIA</u>	
Other conditions (Include pregnancy within 3 months of death)	
<u>Acute Lab DO</u>	
Major findings: Of operations _____	
Of autopsy _____	

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? none (Specify type of place) (a) Manner of injury none

23. Signature Guy W. Callado (M. D. or other) _____
Address Lewis, Mo Date signed 10-6-1941

RECEIVED

District Health Officer No. 10

District File Number 11-41-1964

Date Filed NOV 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.